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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/94,504
	Filing Date	September 4, 2007
	First Named Inventor	Nida Abdul-Ghani Nassef
	Title	ASTHMA/ALLERGY THERAPY
	Art Unit	1623
	Examiner Name	Patrick Lewis
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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SIGNATURE of Applicant or Assignee of Record

Signature	N. Nassef	Date	08/12/08
Name	Nida Abdul-Ghani Nassef	Telephone	+1 (009) / 437 / 001
Title and Company	N.A., claiming small entity		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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